



FH
[REDACTED]

STATE OF WISCONSIN
Division of Hearings and Appeals

In the Matter of

[REDACTED]
[REDACTED]
[REDACTED]

DECISION

BCS/160592

PRELIMINARY RECITALS

Pursuant to a petition filed September 13, 2014, under Wis. Stat. § 49.45(5)(a), to review a decision by the Milwaukee Enrollment Services in regard to Medical Assistance, a hearing was held on October 08, 2014, at Milwaukee, Wisconsin.

The issue for determination is whether the agency correctly discontinued Petitioner's BadgerCare+.

There appeared at that time and place the following persons:

PARTIES IN INTEREST:

Petitioner:

[REDACTED]
[REDACTED]
[REDACTED]

Respondent:

Department of Health Services
1 West Wilson Street, Room 651
Madison, Wisconsin 53703

By: Simone Johnson

Milwaukee Enrollment Services
1220 W Vliet St, Room 106
Milwaukee, WI 53205

ADMINISTRATIVE LAW JUDGE:

David D. Fleming
Division of Hearings and Appeals

FINDINGS OF FACT

1. Petitioner (CARES # [REDACTED]) is a resident of Milwaukee County.
2. Petitioner's BadgerCare+ group size is 1.
3. Petitioner filed this appeal to contest a discontinuance of her BadgerCare+ effective October 2014.

4. Petitioner filed a six month report form (SMRF) in early September 2014. On it she reported employment at \$8.00 per hour and 20-24 hours per pay period and notes that she is paid every 2 weeks.
5. When the agency processed Petitioner's SMRF it entered the pay period as weekly thereby doubling Petitioner's income and resulting in the determination that income was in excess of BadgerCare+ income limits.
6. In mid-September Petitioner was contacted by the agency about the error in entry as to frequency of pay and Petitioner informed the agency that her rate of pay had been reduced to \$7.25 per hour.

DISCUSSION

BadgerCare+ is Wisconsin's Medicaid program for those who are not elderly or disabled. Effective April 1, 2014, Wisconsin state law changed and lowered the amount of adjusted gross income a household can have and still be eligible for benefits to 100% of the Federal Poverty Level for adults and 300% for children. *Wis. Stat. § 49.471(4)(a)*. This change was to be effective January 1, 2014 but was held off until April 1 to assure coordination with other changes in healthcare options; especially the Affordable Care Act. 100% of the Federal Poverty Level for a 1 person household is \$972.50 per month. *BadgerCare+ Eligibility Handbook (BEH), §50.1*.

The agency discontinued Petitioner's BadgerCare+ after processing the information from Petitioner's September 2014 SMRF and income verification. The agency effectively doubled Petitioner's income by processing the SMRF information as weekly pay instead of biweekly pay.

At 24 hours per week and even the \$8.00 per hour Petitioner's gross income was \$768.00 per month. Thus Petitioner's BadgerCare+ was incorrectly discontinued and that eligibility must be restored.

CONCLUSIONS OF LAW

That Petitioner's BadgerCare+ was incorrectly discontinued as her income is under the BadgerCare+ income limits.

THEREFORE, it is

ORDERED

That this appeal is remanded to the agency with instructions to restore Petitioner's BadgerCare+ eligibility. This must be done within 10 days of the date of this Decision if it has not been done already.

REQUEST FOR A REHEARING

This is a final administrative decision. If you think this decision is based on a serious mistake in the facts or the law, you may request a rehearing. You may also ask for a rehearing if you have found new evidence which would change the decision. Your request must explain what mistake the Administrative Law Judge made and why it is important or you must describe your new evidence and tell why you did not have it at your first hearing. If you do not explain these things, your request will have to be denied.

To ask for a rehearing, send a written request to the Division of Hearings and Appeals, P.O. Box 7875, Madison, WI 53707-7875. Send a copy of your request to the other people named in this decision as "PARTIES IN INTEREST." Your request for a rehearing must be received no later than 20 days after the date of the decision. Late requests cannot be granted.

The process for asking for a rehearing is in Wis. Stat. § 227.49. A copy of the statutes can be found at your local library or courthouse.

APPEAL TO COURT

You may also appeal this decision to Circuit Court in the county where you live. Appeals must be served and filed with the appropriate court no more than 30 days after the date of this hearing decision (or 30 days after a denial of rehearing, if you ask for one).

For purposes of appeal to circuit court, the Respondent in this matter is the Department of Health Services. After filing the appeal with the appropriate court, it must be served on the Secretary of that Department, either personally or by certified mail. The address of the Department is: 1 West Wilson Street, Room 651, Madison, Wisconsin 53703. A copy should also be sent to the Division of Hearings and Appeals, 5005 University Avenue, Suite 201, Madison, WI 53705-5400.

The appeal must also be served on the other "PARTIES IN INTEREST" named in this decision. The process for appeals to the Circuit Court is in Wis. Stat. §§ 227.52 and 227.53.

Given under my hand at the City of Milwaukee,
Wisconsin, this 19th day of November, 2014

\sDavid D. Fleming
Administrative Law Judge
Division of Hearings and Appeals



State of Wisconsin\DIVISION OF HEARINGS AND APPEALS

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The preceding decision was sent to the following parties on November 19, 2014.

Milwaukee Enrollment Services
Division of Health Care Access and Accountability